

H/H

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div>	
1. Article Addressed to:  Chief of Criminal Appeals Illinois Attorney General's Office 100 West Randolph - 12th Floor Chicago, IL 60601  <i>08cv3378</i>		B. Received by (Printed Name)	C. Date of Delivery  <b>JUN 16 2008</b>
		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>RECEIVED</b>  <b>JUN 16 2008</b>  Office of the Attorney General </div>	
		3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail </div> <div> Office Services  <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D. </div> </div>	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

**FILED**  
JUN 30 2008  
6-30-2008  
MICHAEL W. DOBINS  
CLERK, U.S. DISTRICT COURT

08cv3378